CITY OF EL PASO, TEXAS AGENDA ITEM DEPARTMENT HEAD'S SUMMARY FORM

DEPARTMENT:

POLICE

AGENDA DATE:

February 22, 2005

CONTACT PERSON/PHONE:

ASSISTANT CHIEF PAUL CROSS / 564-7310

MARTA GINER / 564-7119

DISTRICT(S) AFFECTED: ALL

SUBJECT:

Approve a resolution to authorize the Mayor to apply for, accept, reject, alter or terminate a Violence Against Women Act (VAWA) grant from the Office of the Governor, Criminal Justice Department. The grant is in the amount of \$129,570.00, with and an in-kind contribution of \$43,190.00, for a total of \$172,760.00.

BACKGROUND / DISCUSSION:

The grant will be used to provide direct and indirect services to victims of domestic violence by continuing to fund personnel and related costs related to the Domestic Abuse Response Team. This program will provide crisis intervention and outreach and identity to create support groups for victims of domestic violence and their significant others. Immediate crisis intervention by three case managers will take place at crime scenes, hospitals and the victim's homes. The goal is to decrease the number of Domestic Violence related incidents through awareness campaigns and crisis intervention and to assist victims to connect with social services more easily.

PRIOR COUNCIL ACTION:

Has the Council previously considered this item or a closely related one?

This application is for a recurring grant. The current year grant application was originally approved on December 22, 2003 and the award was approved on September 1, 2004.

AMOUNT AND SOURCE OF FUNDING:

BOARD / COMMISSION ACTION: Enter appropriate comments or N/A

How will this item be funded? Has the item been budgeted? If so, identify funding source by account numbers and description of account. Does it require a budget transfer?

This item will be funded by State Grant Proceeds. The in-kind match will be \$43,190.00.

****** AUTH	ORIZATION*************
GAL: (if required)	FINANCE: (if required)
ARTMENT HEAD:	
Culum Deri	2-15-05

(Example: if RCA is initiated by Purchasing, client department should sign also)

Information copy to appropriate Deputy City Manager

APPROVED FOR AG	ENDA:			
	Q	2		1 -1
CITY MANAGER:	Jame h.	Tiller.	DATE:	2/15/05

RESOLUTION

WHEREAS, the El Paso City Council finds it in the best interest of the citizens of El Paso that the Domestic Abuse Response Team be operated for the July 1, 2005 - June 30, 2006 year; and

WHEREAS, the El Paso City Council agrees to provide applicable matching funds for the said project as required by the Office of the Governor grant application; and

WHEREAS, the El Paso City Council agrees that in the event of loss or misuse of the Criminal Justice Division funds, the El Paso City Council assures that the funds will be returned to the Criminal Justice Division in full.

WHEREAS, the El Paso City Council designates Mayor Joe Wardy as the grantee's authorized official. The authorized official is given the power to apply for, accept, reject, alter or terminate the grant on behalf of the applicant agency.

NOW THEREFORE, BE IT RESOLVED BY THE CITY COUNCIL OF THE CITY OF EL PASO:

- 1. That the El Paso City Council approves submission of the grant application for the Domestic Abuse Response Team project to the Office of the Governor, Criminal Justice Division.
- 2. The Mayor be authorized to sign the grant application including all understandings and assurances contained therein, and apply for, accept, reject, alter or terminate the grant in the amount of \$129,570.00, from the City of El Paso Police Department to the Office of the Governor, Criminal Justice Division, for the purpose of continuing the efforts of the Police Department's Victim Services Response Team; that the Mayor be authorized to sign any related paperwork, including all understandings and assurances contained therein, and apply for, accept, reject, alter, or terminate the grant, authorize budget transfers and submit any necessary revisions to the operational plan; that the grant officials be as designated in the agreement; and that the Mayor be authorized to execute on behalf of the City of El Paso, any grant amendments or corrections to the initial Grant Agreement which increase, decrease or de-obligate program funds provided that no additional City funds are required, or which decrease the amount of matching funds, and any documents to request and accept an extension of the award ending date for the grant.
- 3. The City of El Paso agrees to provide in-kind matching funds in the amount of \$43,190.00.
- 4. The El Paso City Council agrees that the existence of an award will not be used to offset or decrease total salaries, expenses and allowances that the City receives or provides to its Police Department at or after the time the grant is awarded.

5. The Mayor be authorized to sign Cooperative Working Agreements relating to the grant with the following agencies: El Paso County Sheriff's Office; Diocesan Migrant and Refugee Services, Inc., Battered Spouse Program; STARS; El Paso County District Attorney, Victim Assistance Program; El Paso County District Attorney, Domestic Violence Unit; El Paso County Attorney's Office, VOCA Protective Orders Program; Center Against Family Violence; Advocacy Center for the Children of El Paso; West Texas Community Supervision and Corrections Department, Victim Services Program; Rio Grande Council of Governments; and Family Service of El Paso, Crime Survivors Counseling Program.

ADOPTED this 1st day of March 2005.

	CITY OF EL PASO
	T W/ 1
	Joe Wardy Mayor
ATTEST:	·
Richarda Duffy Momsen City Clerk	
APPROVED AS TO FORM:	
Ernesto Rodriguez Assistant City Attorney	

PA21-2005

GRANT APPLICATION REVIEW DEPARTMENT TYPE OF GRANT CONTROL# **Police** State VAWA-Violence Against Women Act 845 GRANTOR EFFECTIVE DATE Office of the Governor 7/01/05 - 06/30/06 MATCHING FUND REQ **Criminal Justice Division** YES SOURCE OF FUNDS (GRANT AMOUNT, MATCHING, IN-KIND, INTERGOVERN.) Grant \$129,570.00 In-kind Match \$43,190.00 \$172,760.00 PERSONNEL FUNDED BY GRANT 3 Case Managers FEB 14'05 AM 10:48 BRIEFLY DESCRIBE HOW GRANT WILL BE USED AND ANY SPECIAL CONDITIONS FOR GRANT: The grant will be used to provide direct and indirect services to victims of domestic violence by continuing to fund personnel and related costs related to the Domestic Abuse Response Team. This program will provide crisis intervention and outreach and identity to create support groups for victims of domestic violence and their significant others. Immediate crisis intervention by three case managers will take place at crime scenes, hospitals and the victim's homes. The goal is to decrease the number of Domestic Violence related incidents through awareness campaigns and crisis intervention and to assist victims to connect with social services more easily. LEGAL OMB ANALYST MUGUS 2/14/ COUNTING MANAGER FINANCIAL OFFICER

Internal Review Process: Department/Agency Grant > Grants Office > OMB Analyst > Grants Accounting Manager > Financial Officer > Legal > City Manager (and City Clerk > City Council > Mayor) > Department/Agency > Granting Agency

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Final Mayor (SELECT One): No.			(Grant Cove	rsheet F	orm				
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8. ENTER the current grant number if a continuation project: 13413-06 9. Budget information: (figures are filled in from the Budget Form): CJD Funds Cash Match In-Kind Total S129,570 \$0 \$43,190 \$172,760 10. a) is this a local or regional project? (SELECT Yes City/State/Zip: El Paso Texas 79901 10. b) is this grant application in response to a Request or Applications (RFA) as published in the Texas Register? (SELECT One): 15. fix you marked 'No' to item 10.b). ENTER the name of the CJD staff member that you contacted for ubmission: 15. SELECT the primary service county or area: El Paso 16. Paso Paso 17. Paso 17. Paso 18. Select the primary service county or area: El Paso 19. If you marked 'No' to government (COG) for this application is: Rio Grande Council Of Governments (0800) 18. Select of the primary service and council of governments (0800) 19. Paso 19. Paso 19. Paso 19. Select of Paso 19. LIST the cities and counties within the service area: City of El Paso 19. LIST the cities and counties within the service area: City of El Paso 19. LIST the cities and counties within the service area: City of El Paso 19. LIST the cities and counties within the service area: City of El Paso 19. LIST the cities and counties within the service area: City of El Paso 19. LIST the cities and counties within the service area: City of El Paso 19. LIST the cities and counties within the service area: City of El Paso 20. Paso 20. Paso 21. Select of Paso 22. Civic Center Plaza 23. Paso 24. For Cod USE ONLY 25. By the paso 26. Enter Plaza 26. Enter Plaza 27. Enter Plaza 28. Enter Plaza 29. Paso 19. LIST the cities and counties within the service area: City of El Paso 26. ENTER 'Nes' to 'No'): 27. Enter Plaza 28. Enter Plaza 29. City/State/Zip: El Paso 29. LIST the cities and counties within the service area: City of El Paso 29. LIST the cities and counties within the service area: City of El Paso 20. LIST the cities and counties within the service area: City of El Paso 29. LIST	From:	9/1/2005	To:	8/31/2006	Email:	ovallee@elpasot	exas.dov			
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City/State/Zip: El Paso Texas 79901 City/State/Zip: El Paso Texas 79901 Telephone: 915-541-4215 Fax: 915-5414760 Telephone: 915-541-4215 Fax: 915-5414760 Telephone: 915-641-4215 Fax: 915-5414760 Texas 79901 Telephone: 915-641-4215 Fax: 915-6414760 Telephone: 915-641-4215 Telephon	\$129,570	\$0	\$43,190	\$172,760	Address:					
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Register? (SELECT One): Email: StuderWF(@elpasotexas.gov					Telephone:	915-541-4215	Fax:	915-5414760		
by fund source: City This application Is subject to a regional COG Prioritization. 1. SELECT the primary service county or area: El Paso The regional council of government (COG) for this application is: Rio Grande Council Of Governments (0800) Rio Cog USE ONLY a) Is this application shared with another COG? (ENTER "Yes" or "No"): d) State Application Identifier (SAI #) or COG Application ID:			n the Texas	Yes	Email:	StuderWF@eipasotexas.dov				
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1. SELECT the primary service county or area: El Paso The regional council of government (COG) for this application is: Rio Grande Council Of Governments (0800) 4. FOR COG USE ONLY a) Is this application shared with another COG? (ENTER "Yes" or "No"): CPTN #: d) State Application Identifier (SAI #) or COG Application ID:	his application	ls	subject to a regional C	OG Prioritization.	b) LIST the cities	s and counties within	the service area:			
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OPTN #: d) State Application Identifier (SAI #) or COG Application ID:										
) CPTN #: d) State Application Identifier (SAI #) or COG Application ID:	4. FOR COG US	E ONLY	a) Is this application	shared with another CO	6? (ENTER "Yes" o	or "No"):		rementum langunga samundakan hilo subupak samundaka		
	-		,							
Priority #:	CPTN#:				d) State Applicati	on [dentifier (SAI #) o	r COG Application I	D: 1		
	Priority #:						· · · · · · · · · · · · · · · · · · ·			

Gran	nt Budg	get For	m		
Legal Name of Organization:	City of El Pas	o-El Paso Polic	e Department		
Title of Project:	Domestic Abu	ise Response 1	「eam		
Grant Períod:	From:	9/1/2005	To:	8/31/2006	
Current Grant Number (If Continuation):	13413-06				
Minimum Match Percentage (If Applicable):	25%	1. ENTER t	he CJD Reques	ited Amount:	\$129,570
Minimum Match Amount (If Applicable):	\$43,190				
ENTER Program Income Applied to this Budget (If Applicable)			Total Projec	ct Cost Amount:	\$172,760
Account contamination of the statement o	BUDGET D	ETAIL	onieses istuatus (etapateises eta esperareises etapateises etapateises etapateises etapateises etapateises eta	econque as aprecial programs, more presentin sassing among	egannus erannaga en ur arresetus esperijumus
PERSONNEL	Salary % Applied to the Grant	CJD Funds	Cash Match	In-Kind	Total
Case Manager I - Provide immediate crisis intervention, telephone contacts, information and referrals, assist with TCVC applications. Fringe Benefits - FICA, Medicare. Workers Comp, Unemployment, Health & Life Insurance. Pension. Salary \$28,000 + Fringe \$9,402.	Glaik	Cobinings	CasifivialCil	III-MIIQ	10(4)
Case Manager II - Provide immediate crisis intervention, telephone contacts, information and referrals, assist with TCVC applications. Fringe Benefits - FICA, Medicare, Workers Comp, Unemployment, Health & Life Insurance. Pension. Salary \$27,000 + Fringe \$9,216.	100.00%	\$37,402			\$37,402
·	100.00%	\$36,216			\$36,216
Case Manager III - Provide immediate crisis intervention, telephone contacts, information and referrals, assist with TCVC applications. Fringe Benefits - FICA, Medicare, Workers Comp, Unemployment, Health & Life Insurance, Pension. Salary \$27,000 + Fringe \$9,216.					
	100.00%	\$36,216			\$36,216
Police Officer - Acts as a facilitator between EPPD and victims; address repeat calls; identify training needs; conduct public information sessions and law enforcement raining. Fringe Benefits - FICA, Medicare, Workers Comp. Jnemployment. Health & Life Insurance. Pension. Salary 632.497 + Fringe \$10.693.	100.00%			\$43,190	\$43,190
CONTRACTUAL AND DEGESCIONAL SERVICES	100.0076			rdski tradice organiski mataka komini debah kilanya ina sa ina mata Majaranish i kinga kili pakaka di dina majakah kilanya ina kilinda (Никови в продование по предование по предование по предование по предование по предование по предование по пре На предование по предование
CONTRACTUAL AND PROFESSIONAL SERVICES		CJD	Cash	In- Kind	Total \$0
					р Интеснатор от Интеснатор от Населения (пред 1992). В им 1992 и постоя от Интеснатор от 1992 година (пред 1992).
Dut-of-state travel & training conferences using the Department's travel policy, which includes \$46 per diem, 94 per night for hotel & lowest airfare, plus conference fee.		CJD	Cash	In-Kind	Total
ocal mileage @ \$.405 for 10,800 miles.	-	\$6,000 \$4,374			\$6,000 \$4,374
ул Активурановчик именрализа интерар Андилов преженя реметриментору приментору и предоставления предоставления в предоставления предоста		A-A-California de la company d			in the constitution of the
our (4) Palm Handheld Organizers with accessories at 450 each. Organizers will be used by Case Managers (3) and Police Officer (1).		CJD \$1,800	Cash	In-Kind	Total \$1,800
UPPLIES AND DIRECT OPERATING EXPENSES				In Kind	
irtime for four (4) cellular phones @ \$50 per month per hone.		CJD \$2,400	Cash	In-Kind	Total \$2,400
onsumable office supplies (printer paper, staples, nvelopes, tape, postage, pens).		\$2,600			\$2,600

Page 1 of 2 Budget Form

Grant B	udget Fori	11		
Copier lease @ .239 per copy for 10,720 copies.	\$2,562			\$2,562
INDIRECT COSTS (the Direct Costs Against Which the Indirect Rate is Charged)	CJD Direct Costs	Match Direct Costs	Indirect Rate	Total
N/A BUDG	ET SUMMARY	unilline (Peerse middle Associations in Ingrish Illinois) Hinti di annon punishe se desse di punci di esterna di gran e	naturogalijeto z biednogilarna i zgiaci najvanataki nazvaja na nazvaja grandiji najvana naktuja manja	\$0
BUDGET CATEGORIES	CJD	CASH	IN-KIND	TOTAL
PERSONNEL	\$109,834	\$0	\$43,190	\$153,024
CONTRACTUAL AND PROFESSIONAL SERVICES	\$0	\$0	\$0	\$0
TRAVEL AND TRAINING	\$10,374	\$0	\$0	\$10,374
EQUIPMENT	\$1,800	\$0	\$0	\$1,800
SUPPLIES AND DIRECT OPERATING EXPENSES	\$7,562	\$0	\$0	\$7,562
TOTAL DIRECT COSTS:	\$129,570	\$0	\$43,190	\$172,760
INDIRECT COSTS	\$0	\$0	\$0	\$0
TOTAL:	\$129,570	\$0	\$43,190	\$172,760
Actual Match Percentage Ap	Actual Total Match: pplied to this Budget:	\$43, 25.0		

Page 2 of 2 Budget Form

Legal Name of Organization:		gram Income (GPI) Fo Paso Police Department	
Title of Project:	Domestic Abuse F		
Grant Period:	From:	9/1/2005 To:	8/31/2006
Current Grant Number (If Continuation):	13413-06		
A.	CASH MATCH SOL	JRCES AND AMOUNTS	жининентинунка обобожного постана жиримент косом жана
1. a) ENTER Source of Cash Match (eprogram income, city, county, etc.):	e.g., b) ENTER Amount:	Cont'd - ENTER Source of Cash Match	Cont'd - ENTER Amount:
(1) Confiscated funds (City of El Pas Salary (\$32,497) and Fringe Ben (\$10,693) for one (1) Police Office	efits \$ 43,190	(11)	
(2)		(12)	
(3)		(13)	
(4)		(14)	
(5)		(15)	
(6)		(16)	
(7)		(17)	
(8)		(18)	
(9)		(19)	
10)		Total Cash Match	\$ 43,190
B. GENE	RATED PROGRAM	INCOME (GPI) REPORTING	assi kulisis si isusa introda aratinopa vedempesikine influesiovalmusu ust
The information requested below reporting purposes to CJD only.	is not calculated in the	income (GPI) REPORTING computations as part of this grant appli gram income may be listed as "CASH MA" on-hand must be shown below.	

Page 1 of 1 Match - GPI Form

ENTER Program Income On-Hand as of the grant application submission date:

Fund-Specific Criteria Form						
egal Name of Organization: City of El Paso-El Paso Police Department						
Title of Project:	Title of Project: Domestic Abuse Response Team					
Grant Period:	From:	9/1/2005	To:	8/31/2006		
Current Grant Number (If Continuation): 13413-06						

PART 1: FUND-SPECIFIC CERTIFICATIONS

All applicants must certify to the following requirements for the S.T.O.P. Violence Against Women Act (VAWA) fund:

<u>Effective Services</u> - The applicant agrees to provide programs that assist in developing and implementing effective victim-centered law enforcement, prosecution, and court strategies to address violent crimes against women, and the development and enhancement of victim services in cases involving violent crimes against women.

<u>State Priorities</u> - The applicant agrees to provide programs that address at least one of the State Priorities developed in coordination with the S.T.O.P. Violence Against Women Planning Council. (T.A.C. §3.903)

The organization's Authorized Official certifies that the project for which this application is submitted will adhere to all of the requirements listed above:

Г	SEL	ECT	One:	
		Yes		 No

PART 2: PROGRAM TYPE

Select the appropriate program type(s) for this project and specify the percentage of your project that is applicable to each type. Be sure that your percentages total 100%.

Select	Percentage	Program Type
	%	Specialized Court Based Programs
	%	Law Enforcement Based Programs
	%	Prosecution Based Programs
V	100%	Victim Services Based Programs

PART 3: PURPOSE AREAS

Select the program purpose area(s) that apply to your project and specify the percentage of your project that is applicable to each purpose area. Be sure that your percentages total 100%.

Select	Percentage	Purpose Area
V	15%	Training
	%	Special Units
exhibited.	%	Policies and Procedures
	%	Data Collection
	50%	Victim Services
F	10%	Stalking
	%	Indian Tribes
	%	Multi-disciplinary Efforts
proceed.	%	SANE Nurses
	25%	Elder Abuse
	% .	Immigration

Project Narrative Form							
Legal Name of Organization:		City of El Paso-El Paso Police Department					
Title of Project:	Domestic Abuse	Response Team					
Grant Period:	From:	9/1/2005	To:	8/31/2006			
Current Grant Number (If Continuation):	13413-06	nifereznestuanen Hennaneka vonormaan olekturea saatiessolekon o	STORMANIA				
PART 1: PROBLEM STATEMENT AND DATA	The state of the s	male trace i minimi mengeri i kecamatan kecamatan kecamatan kecamatan kecamatan kecamatan kecamatan kecamatan					
1.1 Problem Statement							
Provide a brief statement of the specific problem	or problems this project	ot is designed to addres	\$.				
El Paso has seen an increase in the need begin the healing process immediately aft knowing the rights and resources available a crime.	for immediate crisis er a crime has been t	intervention and stab committed. Lack of a	liization to help wareness leads	s to victims not			
				es.			

1.2 Supporting Data

Provide data that supports the problem. Use only data that is verifiable and relevant to your target population. The data should be derived from baseline statistics. For example, do not use statewide data for a local problem and do not use national data for a statewide problem. Also, provide citations for the sources of your data.

City of El Paso

Number of incidents of Violence in 2004 Approximately 29,104

Year	Number of Victims Served	Compensation Applications
1989	5,584	288
2006	8.729	271
2001	8,947	387
2002	7,032	577
2003	7,621	626
2004	9,920*	1.199**

^{*} In 2004, there was a 30% increase of victims Served.

Source: El Paso Police Department

^{**} In 2004, there was a 92% increase of Compensation Applications filed

1.3 Community Plan

If this is a local or regional project, the grant applicant must have participated in a local community planning process or the proposed project has to be in response to priorities set in a community plan. IDENTIFY what priority(les) this project addresses within your community plan. (See T.A.C. §3.51)

As indicated in the El Paso County Community Plan 2004-2005, this project will prevent domestic violence/family violence, and violence among youth as well as assist violence, and violence among youth as well as assist violence, and violence among youth as well as assist violence.

- a Providing the community with education and referrals for preventing violence.
- b. Assisting in obtaining protective orders through education and referrals.

This project will also provide victims of crime and neglect with support services and / or information and referals by conducting the following:

- a. Identify multi-disciplinary, comprehensive psychotherapy and I or counseling programs.
- b. Provide victims with referrals to emergency shelter, transitional living and assist in locating permanent housing.
- Provide information on crime victims rights, the state compensation fund and facilitate an understanding among victims on the workings of the criminal justice system.
- d. Provide crisis intervention and outreach, and identify or create support groups for violins of sexual assault and their significant others.
- e. Provide emotional support grief counseling, conflict and trauma resolution, and group or family therapy for crime victims.
- f. Provide updates to victims of crime on their cases as they progress through the criminal justice system
- g. Assure that victims know that they have the opportunity to submit a statement to the court regarding the impact of the crime committed against them and their families.

The project will also coordinate community efforts in the assistance for crime victims by providing apportunities to unvolunteers and student interns from the high school level to the post-graduate level in service learning situations. To project will provide adequate training and continuing education to service providers, volunteers and student interns.

	Project Nar	rative For	rm	
PART 2: GOAL STATEMENT		MO-MARIEMAGEST S-MARIEMAGEST S		
Based on your problem statement, pro	ovide a brief goal statemer	nt. It should be a gen	eral statement reflecting the	e overall impact
that you intend the project to attain. D				
The goal of this project is to provi resources and immediate crisis	ide victims of crime with intervention	an increased awar	eness of victim's rights, a	available
			T. Part of the same of the sam	
		STORY SECTION		
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		FACE THE LANGE TO LEAVE A SECOND OF THE SECO		

Project Narrative Form
PART 3: TARGET GROUP
Briefly explain the target group for your project. Include the geographic area targeted, the target audience, and the relevant characteristics of those persons.
3.1 Geographic Area
The target geographic area for our project is the City of El Paso, TX
3.2 Target Audience
The target audience of our group is Motims of all major crimes.
3.3 Gender
The target gender of our group is both female and male.
3.4 Ages
This project targets age groups of 17 years of age and above.
3.5 Special Characteristics
The special characteristics of our target group include an underserved population consisting of a disadvantaged, monclingual Spanish population and homeless.

	Project 1	Narrative	Form	
PART 4: PROJECT ACTIVITIE	S			
4.1 Program Type				
Designate the Program Type the Instruction Kit. Note: Active pro one that is active for this fund so	gram types will vary by f	und source. While yo	project. Definitions a ou can view all Progra	are located in the Application am Types, you can only selec
Enforcement/investigation	Prosecution	Aremietha Sentaich	C Mo Sate	
■ Treatment/Counseling	M. Powers co. M. I	Emplost resolution	∭ Victim	Crisis Intervention
Other (Specify):				
4.2 Activity Description			ane se a cum in	
Describe the activites or services with the selections made in the F	s your project provides. E Fund-Specific Criteria tab	Зе sure the activities :	support the goal state	ement and are consistent
Provide information at Safet Presentations to various ag- Assistance with TCVC appli- Referrals to the appropriate Immediate chais interventic	y Health Fairs with varia encies, schools and la cations agency.	ous employers and		
			30 C	

PART 5: PROJECT OBJECTIVES

5.1 Performance Weasures

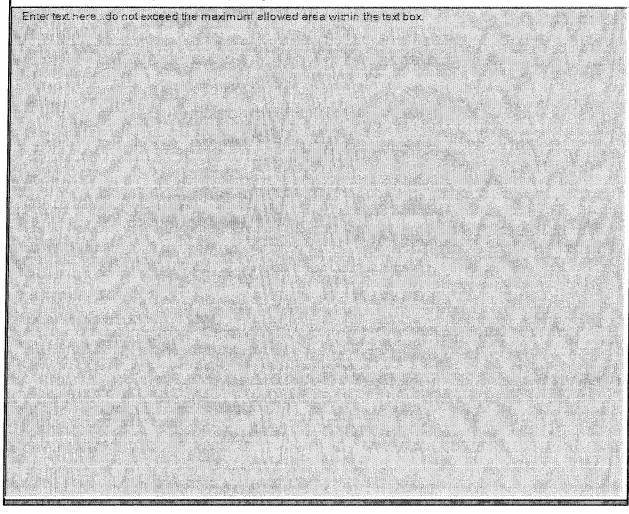
Provide both output and outcome measures for this project. Output measures show the level of activity of a project. They reflect the amount of services being provided (e.g., number of people served; number of classes held). They are not intended to show impact. Outcome measures show impacts of a project in targeted areas (e.g., percentage of program graduates). They reflect the extent to which the goals of the project have been achieved.

Output Measures - Required for All Projects	<u>Current</u> Annual Activity	Target Level of Activity for the Grant Period
Number of Vicinis served.	\$ 620 1 1	11,110 (-12%)
Number of call cuts	24C (FYC4)	258 (+12%)
Number of compensation approations filed.	1,199 (F704)	1,342 [-12%]
Further of active trained volunteers	95 (FYC4)	103 (-12%)
Outcome Measures	Current Annual Activity	Target Level of Activity for the Grant Period
Outcome Measures		of Activity for the Grant
	Activity	of Activity for the Grant Period
Percentage of increase in victors served. Percentage of increase in call outs. Percentage of increased TCVC aphications.	Activity	of Activity for the Grant Period 11 110 (+12%) 268 (+12%) 1 342 (+12%)
Percentage of increase in victors served. Percentage of increase in call outs. Percentage of increased TCVC aphications	240 1,199	of Activity for the Grant Period 11 110 (17 (17 (17 (17 (17 (17 (17 (17 (17 (17

Page 7 of 9 Project Narrative Form

5.2 Continuation Projects

For continuation projects only, if your current or previous year's project is NOT on schedule in accomplishing the stated objectives, briefly describe the major obstacles preventing your organization from successfully reaching the project objectives as stated within your previous grant application. (Data may be calculated on a pro-rated basis depending on how long the current or previous year's project has been operating.)



Page 8 of 9 Project Narrative Form

PART 6: PROJECT SUMMARY

Briefly summarize the entire application, including the project's problem statement, supporting data, goal, target group, activities, and objectives. Be sure that the summary is easy to understand by a person not familiar with your project and that you are confident and comfortable with the information if it were to be released under a public information request.

Victims of violent onme resulting in bodily injury, death or emptional trauma should receive immediate intervention a the scene of a crime from advocates trained in crisis intervention and stabilization to help violims start the healing process scener.

The Domestic Abuse Response Team (DART), comprised of two case managers, one DART officer and ten trained volunteers, will repond to crime scenes at the request of police dispatchers, police officers investigating the crime, to victims is families and for at the request of the victims themselves. The team will respond to each request and will provide crisis intervention, explain available services, make appropriate referrals and conduct follow up sessions we each victim as needed.

The team serves citizens of the City of Ei Paso (population 563,662 - US Cansus Bureau, 2000), which falls within a jurisdiction of the Ei Paso Police Department (EPPD). The Ei Paso Police Department responded to approximately 25,104 incidents of violence during 2004.

The team prioritizes incidents invoving victims of violent or me resulting in bodily injury, death or emotional trauma. The team responds to calls from patrol officers and supervisors and reports to crime scenes, hospitals or other facilities where victims might be. They immediately assess the situation, determine what services are needed, and assist in providing help.

The team is current on Texas Crime Victim Compensation requirements and benefits, available community rescurs and have a working knowledge of the criminal justice system. The team is trained in victim awareness and sensitivicultural norms, crisis intervention and the completing of TCVC applications. They provide continuous training to current volunteers during regular scheduled monthly meetings. The team will increase the volunteer pool by organizing at least two training sessions per year. The team will inform patrol officers about the services offered by attending shift training at the regional commands.

The team proposes to incease the number of victims served, the number of call outs, the number of TCVC applications filed and increase their volunteer pool by 12% in 2005-2006.

Page 9 of 9 Project Narrative Form

Supporting Documents Form				
Legal Name of Organization:	City of El Paso-El P	aso Police Departme	nt	
Title of Project:	Domestic Abuse Response Team			
Grant Period:	From:	9/1/2005	To:	8/31/2006
Current Grant Number (If Continuation):	13413-06			

PART 1: COMPREHENSIVE CERTIFICATION AND ASSURANCES

Applicants must complete and submit this form to CJD before thewill receive state and/or federal funds. Recipients of state and/or federal funds must full understand and comply with the requirements listed for the Comprehensive Certification and Assurances in the Application struction Kit for this project. Failure to comply may result in the withholding of funds, termination of the award, or other sanctions.

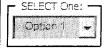
1.1 Certifications and Assurances

The applicant has read and will fully comply with the Comprehensive Certifications and Assurances in the Application instruction Kit for this project:

	LEC	ne:	Ambalicatic	-
	/es			
				1

1.2 Audit Certification - Federal Funds

a) Select the appropriate choice:



Option 1: The applicant certifies that the applicant agency currently expends combined federal funding of \$500,000 or moreand, therefore, is required to submit an annual single audit by an independent auditor made in accordance with the Single Audit Act Amendments of 1996 and OMB Circular A-133.

Option 2: The applicant certifies that the applicant agency currently expends combined federal funding of less than \$500.000 and, therefore, is exempt from the Single Audit Act and cannot charge audit costs to a CJD grant. Tunderstand, however, that CJD may require a limited scope audit as defined in OMB Croular A-133.

b)	Enter	agency	fiscal	vear:
~ ,		490,103	100001	your.

09/01/2004 - 08/31/2005

(e.g., 09/01/2004 - 08/31/2005)

c) Enter date of the last audit:

2.4	3.3			
Ű	3.0	882	T	883
	188		ZΩ	3111

d) Provide information regarding the financial support received by the applicant agency during the most recently completed fiscal year noted in Section 1.3(b) above:

	Total Estimated Amount of Support	
Federal Funds (excluding t	\$75,072,00	
State Funds (excluding this	\$89,879.00	
Local Government Funds:	\$87,476.00	
Private Funds:		\$
Program Income:		Section 12
Other (SPECIFY):		\$ 11 (4.5)

Supporting Documents Form

1.3 Equal Employment Opportunity Plan (EEOP) Certification

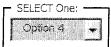
A. Definitions

<u>Type I Entity</u> - Educational/medical/non-profit institution/Native American Tribe - certification required (select appropriate choice below). EEOP NOT REQURED.

Type II Entity - All other recipients receiving more than \$25,000, but not morethan \$500,000 - certification required (select the appropriate choice below); organizations must maintain EEOP on file for possible audit if the organization has more than 50 employees.

Type III Entity - For proft entities and state and local governments receiving \$500,000 or more-certifications required (select the appropriate choice below); the organization must submit an EEOP to the Office for Civil Rights (OCR) for approval.

B. Organization Type



Option 1: I certify this organization is a Type I Entity. This entity will comply with the prohibitions against discrimination in any program or activity (28 CFR §42.203), is not required to maintain an Equal Employment Opportunity Plan, but will comply with equal employment opportunity program guidelines of the Department of Health and Human Services (28 CFR §42.302).

Option 2: I certify this organization is a Type II Entity that employs less than 50 people. This entity will comply with the prohibitions against discrimination in any program or activity (28 CFR §42.302), but is not required to maintain an Equal Employment Opportunity Plan (28 CFR §42.301 & seq).

Option 3: I certify this organization is a Type II Entity that employs 50 or more people. This entity will comply with prohibitions against discrimination in any program or activity (28 CFR §42.302), and has formulated an Equal Employment Opportunity Plan (28 CFR §42.302 et seq), that is on file in the office of:

Option 4: I certify this organization is a Type III Entity. This entity will comply with the prohibitions against discrimination in any program or activity (28 CFR §42.302), and has formulated an Equal Employment Opportunity Plan (28 CFR §42.301 et seq), that will be submitted to the Office for Civil Rights, Office of Justice Programs, Department of Justice, for approval upon award of a grant.

1.4 Debarment Certification

- A. The applicant certifies that it and its principals:
 - 1. Are not presently debarred, suspended, proposed for debarment, declared ineligible, sentenced to a denial of Federal benefits by a State or Federal Court, or voluntarily excluded from participation in this transaction by any federal department or agency;
 - 2. Have not within a three-year period preceding this application been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (federal, state, or boal) transaction or contract under a public transaction; violation of federal or state antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;
- 3. Are not presently indicted for or otherwise criminally or civilly charged by a governmental entity (federal, state, or boal) with commission of any of the offenses unumerated in section 1.2(a) of this form; and have not within a three-year period preceding this application had one or more public transactions (federal, state, or boal) terminated for cause or default; or

B. If the applicant is $\mathfrak q$	unable to certify	to the above s	statements, s	SELECT '	Unable to	Certify and	d provide an	explanation	below:

Unable to Certify	
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Supporting Documents Form

PART 2: COOPERATIVE WORKING AGREEMENT PURPOSE AND PARTCIPANTS

(T.A.C. §3.2009)

When a grantee intends to carry out a grant-project through cooperating or participating with one or more outside organizations, the grantee must obtain authorized approval signatures on the cooperative working agreement (CWA) from each participating organization. Grantees must maintain on file a signed copy of all cooperative working agreements, and they must submit to CJD a list of each participating organization and a description of the purpose of each CWA. Cooperative working agreements do not involve an exchange of funds.

Below, list each participating organization that has entered into a CWA with the applicant, and provide a written description of the purpose of each CWA.

No.	Participating Organization	Purpose of CWA
35 G. (1992) Salata (1992)	vices of El Pano	Collaboration of efforts to service victims of prime
	nly Shealf's Office	Callaboration of efforts to serve victims of crime
3 GASA		Collaboration of efforts to serve victims of crime.
4 Diocesan Mi	grant Refugee Services	Collaboration of efforts to serve victims of crime:
5 STARS		Collaboration of efforts to serve victims of crime.
6. District Ators		Collaboration of efforts to serve michins of come
7. El Paso Cou	nty Alberney's Office	Collaboration of efforts to same victims of crime
8, Center Agant	st Family Violence	Colleboration of efforts to serve victims of crime.
9. Advisoracy C	enter for Children of El Paso	Collaboration of efforts to serve victims of crime
10 Rio Grande	Council of Government	Collaboration of efforts to serve victoris of crime.
11 West Texas	Commission of Supervision & Gorrentons Department	Collaboration of efforts to serve victims of crime.

Supporting Documents Form

PART 3: NON-PROFIT FINANCIAL CAPABILITY QUESTIONNAIRE

(T.A.C. §3.2023)

All nonprofit corporations applying for CJD grant funds that have not previously received a CJD grant must complete this questionnaire. Failure to comply may result in the denial of an award by CJD.

3.1	Organ	izational	information
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- 1. Enter the year in which the corporation was founded:
- 2. Enter the date that the IRS letter granted 501(c)(3) tax exemption status:

(Provide a copy of the RS letter via fascimile.)

- 3. Enter the Employer Identification Number assigned by the IRS:
- 4. Enter the charter number and the date assigned by the Texas Secretary of State:

Charter Number:

Date Assigned:

5. in the space provided below state the purpose of the organization as stated in the Articles of Incorporation or the Bylaws:

Enter text here, do not exceed the maximum allowed area within any of the lext boxes.

6. If any member of the board is related to one another or an employee of the nonprofit corporation, in the space provided below explain the relationship:

3.2 Financial Management hformation

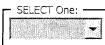
A. Accounting System

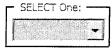
The grantee organization needs to incorporate an accounting system that will track costs between direct and indirect costs (general ledger) as well as direct costs by project (project ledger). The grantee will also need to establish a time and effort reporting system to track personnel costs by project. This should be reported on an hourly basis, or in increments of an hour.

If the answer is 'No', to any question, explain what action will be taken to ensure accountability.

- Is there a chart of accounts? (This is a list of a grantee organization's accounts identified by a specific number.)
- 2. Does the accounting system include a project ledger providing for the recording of expenditures for each program by required budget cost categories?
- 3. Is there a timekeeping system that allows for grant personnel to delineate activity and also requires the signatures of the employee and his or her supervisor?

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maximum	allowe	d area	within	any of
text box es				

Supporting 1	Documents Fo	
B. Financial Capability		
The grantee should prepare financial statements at least a	annually. At a minimum, curren	it internal balance sheet and
income statements are required. A balance sheet is a s liabilities, and retained earnings at a given point in time. Ar a grantee for a specified period of time, usually for an acco	statement of fnancial position on income statement is a sum	of a grantee disclosing the assets.
		If the answer is 'No', to any question, explain the corrective action that will be taken to ensur accountability.
1. Has an independent audit been conducted of the organization? If yes, provide a copy of the most recent audit report. Ino, provide copies of the most recent Balance Sheet and Income Statement.	SELECT One:	
Does the organization prepare financial statements at least annually?	SELECT One:	
According to the organization's most recent Audit or Balance Sheet, are the current total assets greater than the liabilities?	SELECT One:	
C. Budgetary Controls		
The grantee should establish a system to træk expenditure funded amounts.	es against budget and/or	
Are there budgetary controls in effect (e.g., comparison expenditures on a monthly basis) to preclude drawing down		If the answer is 'No', to any question, explain the corrective action that will be taken to ensure accountability.
a) Total funds authorized on the Statement of Grant Award?	SELECT One:	
b) Total funds available for any budget category as stipulated on the Statement of Grant Award?	SELECT One:	
D. Internal Controls	440	
The organization must safeguard cash receipts and disburs one person should not have control over all aspects of the a		
Has the organization instituted safeguards to ensure aderfollowing:	quate controls regarding the	If the answer is 'No', to any question, explain the corrective action that will be taken to ensure accountability.
a) Are accounting entries supported by appropriate documentation (e.g., purchase orders, vouchers, receipts, invoices)?	SELECT One:	
b) is there separation of responsibility in the receipt, payment, and recording of cash?	SELECT One:	

Other: